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ABSTRACT

The practicum addressed the need to serve a group of severely handicapped preschool children within local neighborhood programs rather than in a segregated preschool center. The practicum goals were: (1) to maintain the enrollment of severely handicapped children in neighborhood preschool and daycare centers through the provision of adequate support services; (2) to positively influence the attitudes of staff and parents toward integration; (3) to increase the cognitive and social skills of children placed within neighborhood settings; (4) to document the occurrence of integration; and (5) to increase the awareness of staff and parents as to benefits of integrated programming. A multidisciplinary team was established consisting of occupational and physical therapists, a speech pathologist, an adaptive physical education instructor, and neighborhood coordinators. A block system of therapies replaced the traditional "pull out" model, and periodic monitoring was instituted via a series of attitudinal and behavior rating scales. Parents were supplied with computer generated "homework" assignments. At the close of the implementation period, neighborhood attendance was at 88%, the average developmental gain of neighborhood children was 8.2 months (compared to 3.8 months for center based children), and a 50% attitudinal shift was noted among parents who felt their children were receiving adequate services in community placements. (Author/DB)

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Implementing a Program of Supportive Services to Severely Handicapped Preschool Age Children in Community Programs

by

Ronald A. Branca

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NOVA UNIVERSITY

Implementing a Program of Supportive Services to Severely Handicapped Preschool Age Children in Community Programs

by

Ronald A. Branca

Cluster XX

A Practicum II Report Presented to the Ed.D. Program
in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova University
1988

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Deborah A. Davidson-Cook
Deborah A. Davidson-Cook

Director of Diagnostic & Support Services

Indianapolis, Indiana

June 23, 1988
Date

This practicum report was submitted by Ronald A. Branca under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

July 7, 1988
Date of Final Approval of Report

Wanda M. Slayton, Ph.D.
Wanda M. Slayton, Ph.D.

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ABSTRACT

Implementing a Program of Supported Services to Severely Handicapped Preschool Age Children in Community Programs. Branca, Ronald A.; 1988: Practicum Report, Nova University Ed.D. Program in Early and Middle Childhood. Descriptors: Preschool Education/Early Childhood Education/Severe Disabilities/Mainstreaming/Community Programs/Attitude Change/Normalization (Handicapped)/Social Development.

This practicum addressed the need to serve a group of severely handicapped preschool age children within local neighborhood programs rather than in a large centralized segregated preschool center. Based upon a review of the literature, teacher interviews, and the results of pre practicum surveys, it was felt that such a model of service delivery was practical as long as children were provided with adequate supportive services and monitored as to progress. In addition, attitudes displayed by some professionals and parents demonstrated limited support for efforts aimed at integrated programming.

The practicum goals were: 1) to maintain the enrollment of severely handicapped children in neighborhood preschool and daycare centers through the provision of adequate support services; 2) to positively influence the attitudes of staff and parents toward integration; 3) to increase the cognitive and social skills of children placed within neighborhood settings; 4) to document the occurrence of integration; and 5) to increase the awareness of staff and parents as to benefits of integrated programming. In addressing these goals, the writer established a multidisciplinary team of service providers consisting of a team of occupational and physical therapists, speech pathologist, adaptive physical education instructor, and neighborhood coordinators. A block system of therapies replaced the traditional "pullout" model, and periodic monitoring was instituted via a series of attitudinal and behavior rating scales. In addition, parents were supplied with computer generated "homework" assignments.

At the close of the implementation period, neighborhood attendance was at 88%, the average developmental gain of neighborhood children was 8.2 months (compared to 3.8 months for centerbased children), and a 50% attitudinal shift was noted among parents who felt that their children were receiving adequate support services and instruction in community placements. Significant increases (20% or more) were noted in rating scales measuring increases in the amount of interaction occurring between handicapped children and their non handicapped peers. Practicum results support the feasibility of providing adequate support services for those children attending integrated programs in the community.

CHAPTER I

INTRODUCTION

Description of Community

The community setting for this practicum was the capitol and the largest city of a midwestern state. The southern third of the state is primarily rural with an economy based upon a mixture of agriculture and agrarian support industries. The central and northern regions of the state, while still heavily agricultural, hold the state's largest urban areas, and reflect an economy emphasizing automotive manufacturing, pharmaceuticals, and data processing interests. The state has 92 counties and a population of approximately 6,000,000 residents.

The state capitol is centrally located and holds a population of 800,000. The primary ethnic groupings are Scotch-Irish, German, Italians, and Afro-Americans. The political climate is conservative, with a strong emphasis upon the "protestant" work ethic. Historically, the approach to both political and social problems has been through joint private/public sector initiatives with little support given to "outside" solutions to local problems.

While other large cities within the region and state have recently become part of the "rust belt" due to the shift from a manufacturing to a service oriented economy,

the capitol city has been spared such a fate. In fact, the city is experiencing a sustained pattern of economic growth and re-vitalization. What was once described as a "sleepy midwestern town" (i.e. "a corn field with lights") has garnered national attention for its economic growth and downtown building projects. The city has also invested heavily in its image as an amateur sports center, hosting both national and international sporting events during the last year. It has also promoted itself as the home for the state's professional football, basketball, hockey and baseball franchises.

The city is served educationally by a state university, two large private universities, two small private colleges, and numerous vocational and technical training schools.

Rapid social change has accompanied the city's economic boom. The downtown area which traditionally housed the poor, the nonwhite, and disadvantaged, has slowly given way to high-rise apartment buildings, competing banks demonstrating "an edifice complex," as they try to build taller and taller skyscrapers, world class hotels, upscale condominiums, and enclosed shopping malls. Such change has halted the previous "white flight" trend toward the suburbs and has begun attracting the upwardly mobile toward the city for both living and recreational purposes. It has also destroyed

neighborhoods and displaced many of the less advantaged. A wide social and economic gap now exists between the younger and more affluent professionals slowly migrating back to the inner city and the older, less advantaged, original inhabitants of the city who have somehow managed to hold on despite the ever present threat of the bulldozer. The new "high tech" economy has meant high unemployment and low aspirations for the non-skilled, under educated and handicapped residents of the city. The economic changes reflect a downtown area more and more populated by wealthy professionals and business persons, surrounded by rings of "near downtown" poverty belts inhabited primarily by those individuals unable to participate in the city's renaissance. The outskirts of the city continue to attract the suburbanite and the more affluent members of the population. Thus, the poor and the disadvantaged are sandwiched between the new wealth of the center city and the traditional affluence of the suburbs.

The immediate neighborhood surrounding the agency which served as the practicum setting, is located in one of the near downtown "poverty belts." The area has organized juvenile gangs, a high adult crime rate, and an even higher unemployment and an "under employment" rate. The inhabitants of the neighborhood are primarily nonwhite or "appalachian whites." The area is also

populated with numerous bars, "discount" and "second hand" stores, and outreach social service offices.

The agency in which the practicum will occurred was a county wide Association for Retarded Citizens (ARC). It provides direct employment services (e.g. "sheltered workshop," "greenhouse employment," etc.), developmental programming, and centerbased preschool educational services to the developmentally disabled citizens of the county. For the most part, these services are geared to a population of clients under the age of six (6) and over the age of twenty-one (21) years who are not enrolled in a public school program.

Specifically, the practicum took place within the Early Childhood Program of the agency. This program serves approximately 200 developmentally disabled and "high risk" infants, toddlers, and children, birth to age five, and their families. The program provides individualized daily learning and social skill development along with physical, occupational, speech, and social services. For families who do not desire a full time day program for their child, "in home" instruction is available to provide training for the child and guidance for the parent.

The Early Childhood Program (ECP) staff currently consists of a full time director and assistant director,

ten (10) "centerbased" classroom teachers (B.S. degree or above), two (2) homebound teachers, eighteen (18) paraprofessional aids, and approximately five (5) to six (6) volunteer "grandparents" who work directly with the children. The "grandparents" are volunteers from the community who assist the classroom teacher in various aspects of instruction and feeding. The volunteer grandparent program offers a multigenerational or "extended family" perspective to the children.

The above teaching staff was increased by four (4) teacher/consultants assigned to the "Neighborhood Project" (practicum experience) and four (4) neighborhood aids. These additional staff assisted the writer's efforts to integrate children with severe developmental delays and handicaps into neighborhood (non segregated) preschools and daycare centers. Tuition for the placements was paid for by the agency through a combination of state and federal funds and a cash donation made by a well known television celebrity who wished to remain anonymous. Parents were required to provide transportation to and from the neighborhood sites. The ECP staff was supported by Diagnostic and Support Services (D&SS) staff personnel assigned to the Neighborhood Project. For the practicum, the Diagnostic and Support Services personnel assigned to the preschool include three (3) speech pathologists (90 therapy hours

allocated a week), two (2) occupational therapists (70 therapy hours a week), one full time physical therapist (40 hours a week), and one part time adaptive physical education instructor (10 hours a week).

Writer's Role and Responsibilities

The writer is employed both as a vocational evaluator and a consultant to the Early Childhood Program (ECP) at the agency which served as the practicum setting. The writer is professionally trained as a social worker and a school psychologist and was familiar with the Early Childhood Program through his past employment as supervisor of psychological services within the agency. In past years, he has also served as an inservice trainer for the facility's social service staff.

During the practicum project, the writer held direct responsibility for the organization, coordination, and provision of ancillary support and educational services to those developmentally delayed preschool children selected for placement within neighborhood preschool and daycare centers. He was charged with data collection duties in order to document the success or failure of the agency's integration efforts. He also served as liaison between the department of Diagnostic and Support Services and the staff of the Early Childhood Program. In addition he chaired the weekly "transdisciplinary team

meetings" and was responsible for developing and updating the "block time" schedules of the Diagnostic and Support Services personnel assigned to the Neighborhood Integration Project.

The writer, during the practicum period, reported directly to the Director of Diagnostic and Support Services and maintained a liaison relationship with the Director of the Early Childhood Program as the representative of Diagnostic And Support Services. Both the Director of the Early Childhood Program and the Director of Diagnostic and Support Services were supervised by the agency Vice President/Chief Operating Officer, who reported directly to the agency's President/Chief Executive Officer.

CHAPTER II

STUDY OF THE PROBLEM

Description of the Problem Situation

A. Problem Statement:

The state in which the practicum occurred does not require the provision of special education or developmental services for infants, toddlers, and preschool aged children. However, the state is currently drafting a plan to provide for the possible provision of such services through discretionary funding under "Part B" of the Education of the Handicapped Act as amended by Public Law 94-142 and Public Law 99-457.

One purpose of the agency's existence is to provide research and consultive services to various state authorities and funding sources pertaining to what constitutes "best practices" in the area of service delivery to individuals with developmental disabilities. Since the practicum agency has operated and maintained a segregated "centerbased" preschool for handicapped youngsters for nearly four decades, it found itself unable to offer those agencies practical guidance, advice, and information pertaining to the efforts of large scale integration procedures for children zero to five years into community based daycare and preschool programs.

The agency found itself in a value conflict between its own philosophy and actual practice through the operation of a segregated preschool program while advocating for mainstreaming policies in its public pronouncements. The agency's emphasis on centerbased instruction denied children with handicaps the right to function in the least restrictive environment possible, and restricted their access to and interaction with similar aged non handicapped peers which could serve as behavioral role models for its students. The agency's policy of centerbased programming also denied the non handicapped children in the community the chance to learn about developmental disabilities, experience compassion, and learn to respect individual differences. The available research literature strongly suggested that the best time to mainstream children was between the ages of three and seven, which is precisely the ages of most children attending the agency's segregated preschool program. The literature also seemed to suggest that severely handicapped children could be successfully integrated if the children were provided with needed ancillary support services and if adequate cross disciplinary planning and preparation preceded the children's placements into community programs.

The agency had, in the past, placed children into neighborhood programs in a somewhat limited and sporadic

manner. These placements were few in number and were accomplished at the cost of the child foregoing needed supportive/clinical services that were available to children attending the segregated, centerbased program. It was observed that the majority of parents were unable to secure similar support services from the community once their child entered "a neighborhood program." The decision to utilize community placements in the past seemed to have been guided by the premise that even a "bad" community placement was preferable to a segregatd centerbased education. This philosophy often overruled common sense, professional judgement, and individual needs. The resulting negative feedback from parents and teachers suggested a real need for careful transdisciplinary preplacement assessment, planning, coordination, and staff training if any large scale neighborhood integration program was to be successful.

Above all, previous experience and the research literature suggested that children with severe mental and physical handicaps cannot be deprived of needed related supportive service (i.e. speech therapy, occupational therapy, adaptive physical education, etc.) as they move out from a segregated centerbased preschool into a more integrated educational environment. It appeared that past practices had unwittingly forced parents to choose

between the benefits of social integration and their child's need support services. This is a choice that parents or caregivers should not have to make.

Briefly stated, the problem addressed by this practicum was that severely handicapped children were being served in a large segregated preschool facility when the possibility existed that they could be integrated into community based programs if supplied with needed support services and systematically monitored as to progress. In addition, attitudes displayed by some professionals and parents demonstrated limited or guarded support for efforts aimed at integration.

B. Evidence of the Problem:

The writer employed a variety of strategies and tactics to demonstrate the feasibility of placing severely handicapped children into neighborhood preschool programs. He also attempted to be sensitive to any attitudinal barriers on the part of staff and parents that could adversely effect a child's placement within a community program.

Initially, the writer informally talked to ten of the agency's full time preschool teachers and nine of the eighteen paraprofessional classsroom aids, in order to acquire an understanding of their perspective regarding the neighborhood placement. The writer also interviewed

the Director and Assistant Director of the Early Childhood Program and the Director of Diagnostic and Support Services to elicit input from the administration viewpoint. Surprisingly, there was general agreement between both administration and most of the teaching staff that community based programming was desirable for the agency's preschool population. Strong concern was voiced from both teachers and administrators that needed support services would not always be available to children once they left the confines of the "protective" centerbased program.

Support for "neighborhood integration" efforts among the rest of the teaching staff was "lukewarm" at best, and nonexistent at worst. A few teachers reported negative past incidents of "mainstreamed" children being ignored in "regular preschool," while others stated concerns about loss of employment (i.e. "What will happen to us teachers if all the kids are suddenly mainstreamed?"), and expressed some reluctance at taking on new roles (i.e. "I am a teacher, not a consultant.").

A review of agency records by this writer indicated that during the school year, 1986/87, ten children were transferred from the centerbased (segregated) preschool to various neighborhood programs on a trial basis. In addition, a group of ten preschoolers was assigned to a part time community and part time centerbased program.

These placements were not preceded by extensive testing or formal baseline data gathering procedures; although, pre and post assessment was conducted utilizing the Early-Learning Accomplishment Profile for Developmentally Young Children (Early-LAP) and LAP Profiles. The results of these prototype placements are noted in Tables 1 and 11.

TABLE I

Results of Trial Placement LAP/Early LAP Scores

(School Year 1986-87)

Full Time Neighborhood Program: (N = 10)

Average (Mean) Total Gain*	GM	FM	COG	SOC	SH
(Months)	+10	+11	+10	+14	+10

Part Time Neighborhood Program: (N = 10)

Average (Mean) Gain*	GM	FM	COG	SOC	SH
(Months)	+8	+7	+4	+9	+11

Full Time Centerbased Program: (N = 102)

Average (Mean) Gain*	GM	FM	COG	SOC	SH
(Months)	+5	+4	+3	+5	+3

*GM = Gross Motor FM = Fine Motor COG - Cognitive
SOC = Socialization SH = Self Help

TABLE II

Percentage of Growth for Preschoolers Based Upon LAP Scores*

(1987 School Year)

(N = 20)

Gross Motor Area:	33%
Fine Motor Area:	27%
Cognitive:	30%
Self Help Area:	59%
Social Interaction:	42%

*These figures are based on LAP scores in October/November 1986 compared against post test scores on same children compiled in October 1987.

Despite the relative small sample size noted in Tables I and II, the results were encouraging and seemed to suggest both the feasibility and potential efficacy of placing severely handicapped children into neighborhood settings.

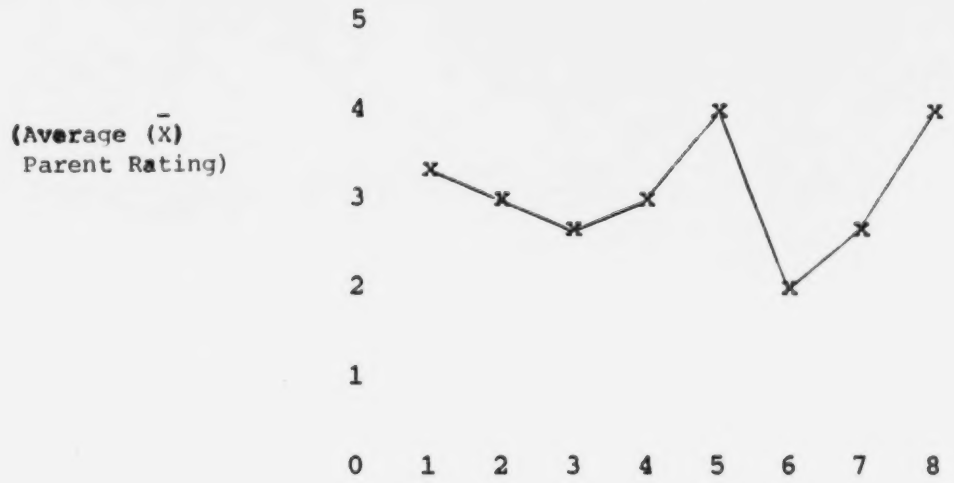
The writer was also interested in surveying the attitudes of parents in regards to their child's current Early Childhood Program. Thus, he developed an Attitudinal Survey Form which is found in Appendix "A" of this report. The survey form is constructed along the lines of a five (5) point Likert-type scale consisting of twelve (12) questions which the child's parent rates on a continuum of one to five. The form was sent to parents with children enrolled in the traditional centerbased program and to those parents whose children had been selected for an upcoming neighborhood placement. The last four (4) questions on the survey form were reserved for the latter group of parents. The survey was sent to parents at both the beginning and close of the school year.

Results of this preplacement survey (based upon 60 returns) are presented in Tables III and IV. It did appear that both groups of parents were optimistic about the improvement to be gained in their children's social and behavioral skills regardless of placement. They also felt that their children were not excluded from activities afforded other children in the centerbased program (questions #1 and #5). However, some difference is noted in parental perceptions and feelings in regard

Table III

Pre Practicum Ratings of Parent Attitudes

(Center Based)



Rating Code:

1= never feel this way

2= rarely feel this way

3= ocassionally feel this way

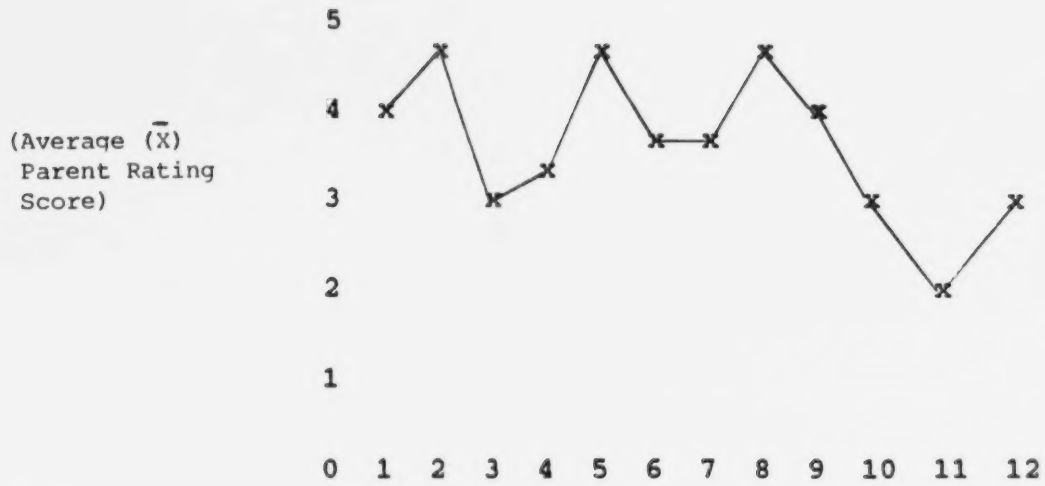
4= most of the time, feel this way

5= always feel this way

Table IV

Pre Practicum Ratings of Parent Attitudes

(Neighborhood Based)



Rating Code:

1= never feel this way

2= rarely feel this way

3= ocassionally feel this way

4= most of the time, feel this way

5= always feel this way

to their child's ability to make "friendships" within their setting (question #6), and towards the value placed upon their input into their child's educational program (question #7).

As a general trend, it would appear that the parents of the community placement candidates as a whole were more optimistic and satisfied with their child's programming than was the case for their "centerbased" counterparts.

It was the opinion of this writer, that simply "placing" children with severe handicaps into a room with non handicapped peers would not be sufficient for the purpose of integration. Through our efforts, some type of positive interaction must occur between the child and his teachers, peers, and environment, if the child was to avoid remaining segregated within an integrated setting.

In order to measure and document any evidence of this interaction, the author constructed and subsequently revised an Index of Integrative Behaviors. This Index was completed by the various preschool teachers, aids, and therapists during their neighborhood site visits. Pre and post placement measures were taken to capture any growth or interactional effect that occurred in the classroom. Both the original Index and the revised Index are found in Appendices B and C of this report.

C. Analysis of the Problem:

In analyzing the probable causes for the maintenance of a segregated preschool program, the writer found five (5) interrelated issues which contributed to the current state of affairs.

Historical Precedence

The practice of segregating severely handicapped children appears to have deep historical roots. On the one hand, such children were excluded from the community and its public school because they were thought not to be able to benefit from the rate and depth of instruction found within the regular classroom. Rather than change the methodology and technology of the classroom, it was far easier to change the consumer of the methodology and remove the cognitively impaired individual while keeping the cognitively impaired lesson plans.

On the other hand, the presence of a severe handicap carried with it a great deal of social stigma and even parental shame. Most teachers were uncomfortable around such children and were not exposed to "special education" methods during their tenure at the nation's early "normal schools" or teachers' colleges which prepared them for their classroom duties. For the majority of teachers, graduating from college prior to the late 1960's and early 1970's, it was all too easy to take refuge in the

prevailing educational wisdom that suggested segregated classrooms for the handicapped were more humane in that they would allow a child to develop at his own rate and feel more socially at ease among other children with similar handicaps. This "out of sight, out of mind" philosophy ignored not only the role modeling theory, the vast research in the area of cognitive development, and common sense, but served to perpetuate the myth that "special education techniques" were somehow different and unique and had no application for typical children who were not experiencing learning difficulties. It has only been of late that educators have begun to look at the purpose of special education, and to ponder questions pertaining to what type of lifestyle they were preparing students for after their students left the segregated confines of the public school system.

Employment Security

Another reason for the maintenance of a segregated "centerbased" program revolves around the issue of job security. Specifically, some preschool teachers expressed fear that a reduction in children attending the center program would result in staff reductions and loss of employment.

Role Changes

Many teachers reported feeling uncomfortable with their new role assignments as "consultants" to the

neighborhood teachers and "facilitators" to the transdisciplinary team. For some teachers with years of reinforcement as being the person "in charge" of the students' learning, it proved difficult to shift gears and take on the role of consultant. The role of special education consultant requires a different array of professional skills and a different approach to working with fellow teachers, parents, and children than many teachers are willing or able to practice with their current knowledge and skill base. This type of "role release" and "role shift" requires a restructuring of professional image and a willingness to experiment with something new.

Administrative Convenience

The segregated preschool exists in part because it is more administratively convenient and efficient for the staff. Teachers and support staff are all within a single building and scheduling consultation time is a relatively easy process compared to the possibility of having children placed throughout the county. Like the parable of Mohammed and the Mountain, it has been easier to bring the children to the therapist than to take the therapist to the children.

Parental Fears

Lastly, many parents of children with handicaps felt that their children would be ignored by the teacher or ridiculed by non handicapped age peers if placed within a

normal classroom setting. Conversely, parents of non handicapped children voiced concern that teachers would spend too much time tending to the needs of the handicapped child to the exclusion of the needs of the non handicapped child. Parents also expressed a fear that their children would be deprived of needed support services if they removed their child from the segregated preschool and placed him or her in a community based program.

D. Relationship of the Problem to the Literature:

Integration of children with severe handicaps into regular education programs and classrooms at the preschool level, is fast becoming a central concept within the field of early childhood education (Bugnato, Kontos, and Neisworth, 1987; Odom, 1986 and Buralnick, 1982). A number of researchers have suggested rationales for efforts in this direction. These rationales usually deal with the legal and ethical issues of maintaining segregated facilities, the educational benefits of mainstreaming (both for the child with a handicap and his "normal" peers) and the facilitative effect that "mainstreaming" and integration may have upon the developmental processes of young children (Turnbull, 1982; Bricker, 1978). In this review, the writer will look at some of the recent research literature in support

of, and in opposition to, the practice of mainstreaming in general and the integration of severely handicapped children into community based programs in particular.

Many early childhood and special educators feel that the best time to mainstream handicapped children is between the ages of three and seven years (Lewis, 1982). It is felt that the preschool is the place where children learn self help and introductory social skills and argue if the classroom is segregated and comprised primarily of children with handicaps, an environment is created where the handicap becomes the norm (Guralnick, 1982).

Haring (1976) and Saylor and Guess (1983) would argue that in the case of severely handicapped children, waiting until the preschool years may be too late. Haring states that "...education must recognize that for the severely handicapped child, programs that begin in infancy are very nearly the main hope: they should be our first priority from today onward" (p. 19), while Saylor and Guess (1983) write "...we cannot afford to waste any time between the point at which an infant is identified as handicapped and the beginning of the training process" (p. 76). Quick (1977), however, points out that educators in general have not been interested in providing services for the severely and profoundly handicapped population and have instead concentrated

their efforts upon mainstreaming "mildly handicapped children" in an effort to reduce the social and cognitive distance between the handicapped and non handicapped students in the regular classroom. This top-down method of integration works to the detriment of the severely handicapped who are in the greatest need of service (Brown, et. al., 1982).

Most authors in the field of early childhood feel strongly that the normalization process can and should be initiated during the infancy or early preschool years. Bagnato, Kontos, and Neisworth (1987) suggest that the "blending" of special education services into community based daycare centers is a "feasible approach." However, the authors indicate, following their own survey of thirteen different nationwide attempts at integration, that such mainstreaming attempts without proper "inservice training" for teachers and staff are doomed to failure. They indicate that teachers need to be prepared to deal with the wide spectrum of disabilities found among severely handicapped children, and feel that regular preschool teachers must be prepared to cope with the possible phenomenon of having both gifted and retarded youngsters interacting in the same classroom.

Brown, et. al. (1983), has argued that severely handicapped students develop most when they are in the presence of non handicapped peers in reasonable

proportion to the general population. Conversely, it is argued that severely handicapped students develop best in settings where no more than one percent of the population is handicapped.

Some of the opposition to integrating handicapped preschoolers into community settings is based upon myth. Guralnick (1983) identified three prevalent myths not supported by research:

1. Mainstreaming is for all children. Some children cannot benefit from attendance in a regular classroom. However, all children can benefit from integration (i.e., use of a non segregated building, lunch room, gym, etc.).
2. Normal kids will copy the abnormal behavior of the handicapped child. This rarely happens and when it does, the behavior is quickly abandoned since it is non functional for the "normal" child.
3. The teacher will spend too much time with the handicapped preschooler to the detriment of the non handicapped child. Guralnick argues this does not happen and parents of handicapped children express the opposite fear that the preschool teacher will concentrate on the non handicapped students and ignore their son or daughter.

Guralnick (1983) does offer some criteria or benchmarks that suggest to researchers that integration

is occurring and that the preschool experience is successful. He feels that the identity of the classroom stays the same both before and after the introduction of the handicapped child. Adaptations are made for wheelchairs, blindness, etc., but the day-to-day philosophy of the school remains the same. It is also important that the mainstreamed child demonstrate progress once he/she is placed in a mainstreamed environment. Social interactions of some type must take place between the handicapped child and his peers and these interactions should increase in both quantity and quality with the passage of time (Guralnick, 1983).

Despite the feasibility and popularity of mainstreaming, many early childhood educators view the process of community integration of children as being more of a legal than an educational issue. They feel integration into the least restrictive environment should occur because it has been mandated by Public Law 94-142 and its amendments especially Public Law 99-457 which deals extensively with the provision of preschool and infant/toddler services. These legislative acts involving the concept of "Least Restrictive Environment" appear to have launched what Anderson, Martines & Rich (1980) call "one of the most dramatic eras in the history of the education of handicapped children" (p. 9).

In many ways, the federal legislation and supporting state statutes have turned the issue of mainstreaming away from education and into the arena of civil rights.

Brown, et. al. (1983) have argued that it is not up to researchers to prove that "integration works," but up to the "segregationists" to prove that it does not work.

The parallel to the black/white racial struggles of the 1960's and early 1970's is obvious. Findings of a major study conducted at the University of North Carolina (Finkelstein and Haskins, 1983) seems to demonstrate that black kindergarten children and white kindergarten children do not naturally interact with each other unless instructors directly control and influence the social traffic in the classroom. For the field of early childhood special education, the implications are quite relevant. If, when left on their own, pupils stay racially segregated in integrated settings, it is all the more apparent that the more difficult task of integrating severely handicapped children will not occur simply by placing handicapped children in the same room as their non handicapped age peers (Karnes, M. D. and Lee, R. C., 1979).

Most authors in the field of early childhood and special education feel strongly that the normalization process is the most moral and ethical form of education possible in a free society. Research conducted on

attitudes of children toward their disabled/handicapped peers indicates that by age four, non handicapped are able to perceive the limitations imposed by an orthopedic disability (Jones and Seek, 1967). When attitudes of eleven year olds were compared to those of six year olds, the older children's attitudes toward handicapped children were more unfavorable.

White and Castro (1986) performed a comprehensive meta analysis of more than 150 preventive intervention studies of "at risk" children from birth to five years. The results of their work revealed that early interventions generally have an immediate positive effect of considerable magnitude across many different types of interventions, and various diagnostic and social subgroups on a variety of different outcome measures. Yet the lack of comprehensive approaches to these "intervention strategies" in most of the studies analyzed, limited the conclusions that could be drawn about the efficacy of those programs and which programs seemed to work best with which preschool populations.

Greenspan and White (1985) noted earlier that, "There is compelling evidence that preventive intervention results in a positive immediate effect across a range of outcome variables and for many different types of children and intervention programs" (p. 3). The authors feel that the success rates of many

preschool intervention projects (i.e., Headstart) may actually be underreported in the literature since so much emphasis is placed upon enhancing or raising cognitive functioning levels to the detriment of reporting results of outcomes pertaining to social competence, family functioning, and classroom adaptability which are more closely related to the goals of most preschool intervention programs. For severely handicapped children, the long term effects of intervention are far from clear, and Greenspan and White urge that this gap in the literature be addressed.

As a result of early research studies addressing the negative effects on retarded children placed in segregated or self contained classes in special education centers, many educators have come to believe that such placements tend to produce poorer academic achievement for retarded students and hamper these students' overall social adjustment. Given these conclusions, educators as well as some parents have begun to ask for abolition of special classes in the public schools and have begun advocating for the mainstreaming of all handicapped children into regular classrooms and community programs (Hutt and Gibby, 1980; Smith, 1980).

A very early study by Johnson (1950) concluded that when children were not placed in special education classes, but kept in their regular classroom, they tended

to show a better social adjustment than their mentally handicapped counterparts who were placed in special education classrooms or transferred to special education buildings.

Research results were not so unequivocal by the end of the decade. Thurston (1959) seemed to suggest that mainstreaming might have different effects and possible benefits depending upon the degree of mental handicap displayed by the student. Thurston investigated a population of 1,273 mildly retarded (EMR) and moderately (TMR) students, and compared those which had been placed in segregated special education classes with those who for one reason or another had not been so placed. Thurston reported that after one (1) year in their respective placements, those children placed in the regular (non segregated) classrooms were superior to those in special education in all areas measured except arithmetic. However, after two (2) years in their respective programs no difference was noted between the two groups among the mildly handicapped populations, but those children in the "trainable" range and in special education classes outperformed their regular class cohorts on all measures except arithmetic. Thurston did note that when taken as a group, retarded children placed

in regular classes were more socially isolated and more socially maladjusted than those placed in special classes.

More recently, Lewis (1973) conducted an evaluation of four separate school environments for handicapped youngsters. The children in his study ranged in age from six to eleven and were primarily mildly retarded. The school environments that he compared were: 1. a self contained, segregated environment, 2. placement in a regualr classroom without support, although the student was eligible for special education, 3. special class placement with a high degree of integration or mainstreaming, and 4. resource room placement but enrolled in regular classes. Some of the author's findings indicated that there were no significant differences among the four groups in the area of self concept, academic achievement, or attitude toward school attendance. Those students assigned to the self contained, segregated setting (environment #1) were found to have lower scores on measures of physical development, adaptive functioning, and overall social skill.

The following year, Birch (1974) published a monograph for the Council for Exceptional Children (CEC) in which he outlined eight elements involved in "good" mainstreaming efforts. Summarized and paraphrased these included:

1. All handicapped children from the preschool years on should be assigned to a regular classroom.
2. Regular classroom procedures should be adapted, and the content of instruction modified to meet needs of the handicapped child.
3. Handicapped children who may need special learning situations must nevertheless be assigned to regular classes for at least half the instructional day.
4. There should be special education support systems including special education teachers as team members on multidiscipline teams.
5. Regular and special education teachers should cooperate in developing schedules and scheduling homework assignments.
6. Special education teachers should work with regular education teachers in grading and formulating these assignments.
7. Removal of children for special support services should only be for short periods of time and only when absolutely necessary.
8. Identification of children should be based on educational needs rather than on categories or severity of the problem.

Following Birch's publication, Paul, Turnbull, and Cruickshank (1977) produced a "practical guide" for implementing mainstreaming. Their manual stressed the

need of discussion with teachers and parents who both supported and opposed integration, prior to the commencement of such programming in order to develop positive attitudes toward the project prior to its implementation. The manual also required that all education personnel receive inservice training and continuing education in the field of developmental disabilities throughout the life of any mainstreaming attempt.

Less promising research results were reported by Ziegler and Hambleton (1976) and Smith and Arkans (1977). In the former study, the authors concluded that removal of trainable mentally retarded (TMR) children from segregated special education programs into a regular elementary school did not produce significant differences in thirteen kinds of interactions measured against a control group of similarly handicapped children who remained in segregated programming. In the latter work, the authors stated that in their opinion, "The requirements for a severely or profoundly retarded child would necessitate unrealistic attainment of near normalcy" (p. 147).

A common theme running through the research literature pertaining to integration efforts with severely handicapped children is the emphasis placed upon

the importance of parental and peer attitudes toward the integration process and support of those programs once they are underway.

Research conducted on attitudes held by children toward their "special needs" peers has generally concluded that by age four years, non handicapped preschoolers are able to perceive the limitations imposed by a physical disability (Jones and Seek, 1967; Kierscht and DuHoux, 1980).

When the attitudes held by a group of eleven year olds toward handicapped students was compared against attitudes of six year olds, the latter group was found to be less prejudiced and more positive toward the handicapped (Donaldson and Mortimson, 1977). Rapier, Adelson, Carly and Coke (1972) in an earlier study had found that the attitudes of third graders toward disabled children in general was consistently more positive and less "stereotypical" than the attitudes of their fifth grade counterparts.

A review of more recent research seems to demonstrate a reverse of these findings. Gottlieb and Switzly (1982) found that, for the most part, increased student age was associated with a decrease in negative stereotypes. The authors also found that attitudes toward the handicapped were also positively correlated with the I.Q. of the non handicapped respondent. The

authors also note that a decrease in negative ratings did not always translate into a corresponding increase in empathy. This suggests the possibility that by the third or fourth grade, non handicapped children have learned not to always verbally express negative feelings toward the less fortunate while behaviorally separating themselves from them.

Sherman and Burgess (1985) found in their study of junior high school students evidence suggesting that mainstreamed developmentally handicapped students are not necessarily more socially rejected than are their normal peers.

Inderbitzen and Best (1986) also found that older non handicapped children (eighth graders) were more positive toward handicapped persons than a younger sample of students in the second grade, especially in relation to handicaps of physical mobility. Interestingly, the handicapped children in the study were found to hold less positive attitudes about "normalcy" than their non handicapped peers in both age groupings.

The impact of the teacher's attitude upon the process of mainstreaming and integration is another important variable discussed in the literature. The writer's review of studies dealing with this variable suggests that although many regular education teachers support the concept of integration in the abstract, they

frequently balk or demonstrate concern about the process of integration when their room is the target of mainstreaming efforts (Meyers and Yoshida, 1978; Palmer, 1982). It appears that the physical proximity of handicapped youngsters with non handicapped peers is not sufficient to bring about social interaction unless teachers are willing to modify their instructional practices in the classroom and take a proactive stance to meet both the educational and social needs of the students once they are assigned to a teacher's class or program (Quay and Jarrett, 1986; Stonehouse, 1986).

In relation to parental involvement in the integration process, Sailor and Guess (1983) state that "...parent involvement in early childhood intervention programs is vital to the education and treatment process" (p. 207).

Indeed, the critical role of parents, both as educators and advocates for their severely handicapped offspring, seems to be bolstered by the research evidence. Loovas, Kaegal, Simons, and Long (1973) in their work with autistic children involved in a behavioral management program found that treatment gains were only maintained in those homes where parents followed up on and reinforced the school program.

Short term outcome data reported by Sturn (1984) with similar groups of preschool autistic children whose

parents were required to attend centerbased training sessions and conduct daily home programs, suggests that significant behavioral gains occurred when compared to a control group of children whose parents were not involved in programming.

Parental involvement, teacher and peer support, and legal mandates are all necessary but insufficient to bring about integration. The best of preparations are to no avail if attention is not given to the "interactional process" between the exceptional child and his non handicapped peers. Interest in the nature of social interactions occurring between young handicapped children has increased dramatically over the last few years as our emphasis has switched from the elementary to preschool arena for initiating non segregated schooling (Guralnick, 1978). Yet only recently have we begun to take an indepth look into how that "interaction" is to occur and how we as educators can foster its facilitation.

Goldman (1981) noted that group settings which contain both delayed and non delayed children do not always yield the same research results as dyadic pairings even in mixed age studies. In group situations, factors related to self selection, and the tendency toward social isolation of delayed children, often operate to limit any effects of the availability of non handicapped children in the classroom (Goldman and Chaille, 1984).

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The general goal was to move the agency's preschool program from a predominantly segregated centerbased operation into a neighborhood based program with adequate support services. This necessitated the design and establishment of several objectives to reach the goal.

The initial goal centered around the development of an integration strategy predicated upon the adequate provision of logistical and supportive services necessary to initiate and maintain the enrollment of severely handicapped preschool children in neighborhood preschools.

The first objective was the establishment of a coordinated transdisciplinary model of service delivery to those children placed in neighborhood programs. This type of service model would insure that the "mainstreamed" children received coordinated supportive services and that the community preschool would not be disrupted by the constant coming and going of agency support personnel. In other words, a minimally intrusive, multidisciplinary team approach to therapy would be developed and employed at each community site.

The second objective was to impact upon and hopefully influence in a positive manner the attitudes of staff and parents who were against the philosophy of integration and would prefer the maintenance of segregated centerbased program.

The third objective that the writer expected to achieve was a significant increase in the socialization and cognitive skills of those children placed in neighborhood settings.

The fourth objective which was based upon a review of the literature, was to bring about an increase in the level of parent participation in their son or daughter's program and an increased awareness of the benefits associated with an integrated educational placement.

Measurement of Objectives

The general success of the practicum goal was evaluated by noting the number of children placed initially in neighborhood programs with support services at the beginning of the practicum and comparing this with the number of children in attendance at the conclusion of the practicum. An analysis of the "drop-out" rate was conducted by the writer. If eighty-five percent of the severely handicapped children placed in neighborhood settings were able to maintain their community placements, the general goal of the practicum and the neighborhood program would have been considered

accomplished. The writer constructed an instrument ("The Index of Integrative Behavior") which was developed and employed to measure to what extent the placed children were actually interacting with non handicapped peers, teachers, and classroom environments.

The first objective namely that of establishing and coordinating a transdisciplinary system of service delivery that would be minimally intrusive was measured by the following criteria:

1. The agreement of the various supportive disciplines to institute a "block" system of service.
2. A follow up survey (Community Personnel Attitudinal Survey) was sent to the directors and teachers of the neighborhood preschools evaluating our supportive services and the amount of intrusion or disruption on Likert-type scale.

In order to measure the second objective, an attitudinal survey was distributed among parents and staff measuring their attitudes at the beginning of the project and their attitudes at the conclusion of the project. A fifty percent (50%) attitudinal shift in favor of integration along any of the dimensions surveyed will be indicative of success or a change in perceptions.

In relation to the third objective, the writer hoped to observe a significant increase in the socialization skills of those children integrated into neighborhood

settings. This will be measured by pre and post administration of the Hawaii Early Learning Profile (HELP) and the Learning Assessment Profile (LAP) in relation to scores within the socialization domains of these instruments. A ten percent increase over baseline scores will be interpreted as a positive indication of success.

The fourth objective of the practicum will be geared toward increasing parental involvement. The attitudes of parents will be surveyed as to the utility of materials and therapy routines provided to them and their children.

In order to insure appropriate services for the approximately 30-five year olds who will be graduating at the end of the school year, a transition coordinator will work with the children and their families to prepare them for public school. All parents (about 200) in the Early Childhood Program (homebound, neighborhood, and centerbased) will receive training sponsored by the agency in preparation for public school in order to provide the support necessary during this key stage in a child's life.

Description of Plans for Analyzing Data

All statistical data from pre and post testing and surveys will be listed and stated in terms of ratings scale points or percentages. Where appropriate, statistical means will be calculated and compared. The obtained data will be displayed in tables.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solution

In order to initiate efforts toward integration of the severely handicapped children into the community, an assessment/screening of all children enrolled in the centerbased preschool was conducted. In addition, all children referred from the State Department of Mental Health were screened. During the assessment process, parents were explained the theory behind integration strategy and asked to agree to neighborhood placement. Tuition reimbursement fees but not transportation money was provided to the parents by the agency serving as the practicum site. Those children identified as candidates and given parental permission to participate, were then matched to a list of neighborhood programs which have volunteered to accept handicapped children. The match will take into account such aspects as the child's needs, the physical layout of the community program, and its proximity to the child's home. The implementation of a "block time" multidisciplined service delivery system for those children identified as developmentally delayed and

suitable for community placement. The children placed in the community were scheduled to receive intensive (i.e., four times a week for a minimum of thirty minutes) therapy from a single discipline (i.e., speech therapy, occupational therapy, physical therapy, recreational therapy) for a ten week time period. Then the children would not receive service from that particular discipline for ten weeks. A second discipline would begin to work with the child during this "latency" period. During the third block, the original discipline will be reintroduced for ten weeks, while the secondary discipline dropped out of direct service. Four separate ten week blocks will constitute a therapy year. A particular child will receive a particular therapy service the first and third blocks and a different therapy service the second and fourth blocks. Hopefully, this type of scheduling would eliminate the overlap of competing services within a limited time frame. During the "off therapy cycle," the I.E.P. goals were to be monitored by the preschool teacher and the case manager with feedback going to the "non active" therapist and the child's family. An Appple 11C computer was used to schedule therapies and update therapy lists for staff and parents. Extensive pre and post testing was conducted to measure teacher and parental attitudes, classroom interactions between

handicapped and non handicapped children, and social and cognitive gains throughout the life of the practicum project.

The writer was to establish a coordinated transdisciplinary team which would meet formally once a week (informal meetings will be ongoing) to review and coordinate treatment strategies and make necessary adjustments to the child's program and therapy goals. During these meetings, treatment goals would be prioritized and implemented.

During the on-site consultation and observation phase of the practicum, the writer would meet with teachers and parents to insure proper implementation of treatment plans and needed support services.

The writer was also tasked with compiling and quantifying results of surveys sent to parents and staff. Data was to be shared with multidiscipline team members at weekly meetings.

The writer also was to provide parents with a computer generated list of individual skill development activities that could be implemented during home treatment sessions. This list of activities was to be generated from a database supplied by the authors of the HELP Profile and individualized for each child being mainstreamed depending upon their own particular pattern

of strengths and weaknesses. A parent survey was scheduled to be sent out to ascertain the parents' perception of the usefulness of such activity handouts.

Finally, the writer would keep an ongoing journal log to measure and record progress of the practicum experience.

Calendar Plan

Once implementation began in November of 1987, the implementation period lasted until June of 1988. The evaluation of the Neighborhood Integration Project will be ongoing with results shared with other agencies and interested individuals. For practicum purposes, the following time lines were adhered to:

November 15, 1987: Writer conducted and compiled results of initial surveys.

November 27, 1987: Submission of practicum proposal.

December 1, 1987: Commencement of formal implementatiopn.

December 2, 1987: Inservice training given to staff (support staff and preschool staff) in relation to service delivery plan and integration strategy.

December 3, 1987: Began developmental screening of candidates for community placements.

December 10, 1987: Concluded developmental screenings.

December 11-14, 1987: Parents notified, permissions for placement obtained, paperwork began to cover fees.

December 15-20, 1987:	Set up block system of service delivery. Sent out initial attitude survey to parents.
December 22-31, 1987:	Develops Index of Integrative Behavior/Field Tested Instrument. Instrument Revised.
January 4-18, 1988:	Began placement of children into community settings. Held first multidisciplinary team meeting. Measurement of "Pre-Placement" integration and interactional levels.
January 12-14, 1988:	Sent out additional surveys to parents and teachers.
January 25, 1988:	Begin a series of on-site consultations. Sent therapy activity lists to parents.
May 1-30, 1988	Began process of collecting post implementation, attitudinal and integrative behavioral data.
June 1-15, 1988	Analyse data, write report.
January 26-28, 1988:	Gather initial baseline data pertaining to Integrative Index.

Report of Action Taken

As previously planned, the writer has assisted in the assessments/screening of all children enrolled or applying to be enrolled in the centerbased preschool program during the month of January 1988. As part of this assessment process, the writer and other staff members explained the theory and goals behind the agency's integration strategy to the parents of the children brought to the screening process. The parents were then asked to consider a community based placement for their child. The only children excluded from consideration were those children diagnosed with a medical condition so severe that the staff physician felt them to be "at significant medical risk" without the services of a full time nurse at their program placement. Tuition reimbursement fees were provided by the agency from grant funds and from a large donation made to the agency from a prominent television personality. Parents were required to provide transportation to and from the community based preschool or daycare center. Those children identified as candidates and given parental permission and medical clearance to participate in the neighborhood program were then matched to a pre-existing list of program sites which had volunteered to accept severely

handicapped children. The list of possible placement facilities grew as the writer attended various workshops held by the state and various childcare organizations and informed those in attendance of the neighborhood project and its integration goals, as a preparation for the implementation of Public Law 99-457.

No potential program site was added to the list of facilities until that program had been visited by a team of the practicum agency. The match between the child and his eventual placement always took into consideration the child's individual needs and level of functioning, the physical layout of the community program (input from the adaptive physical education teacher and the OT/PT team was most helpful) and the proximity of the facility to the child's home. Eventually 70 children were placed in full time community placements. This number included a few children previously enrolled in full time programs last year as well as those children who were initially placed in a neighborhood program on a part time basis during the previous school year.

The implementation of the block time multidisciplinary service delivery system was only partially implemented due to the unforeseen high rate of staff turnover. During the implementation period, three

speech therapists and one occupational therapist left the agency. In addition, the adaptive physical educational instructor left on maternity leave. This necessitated a shuffling of roles ("role release") and a willingness for the remaining staff members to make suggestions and program input into all areas of programming not just their particular field or speciality.

It may prove beneficial to review why the support staff left the program. One speech therapist left in order to accompany her husband who received a job in another state. However, the other two speech therapists and the occupational therapist left the agency due to a combination of factors centering around "burnout" (three to four different programs visited in a single day) and difficulty in making the transition from a "clinical" pullout type of centerbased therapy approach to the more "integrative" classroom consultive approach advocated by the model adopted by the practicum agency. Those practioners in the tradition of a medical model of service delivery may not be best suited for the type of sociological/interactive model called for to implement an integration program. Some clinicians found it difficult to teach the entire class to "sign" rather than "pulling out" Johnny or Susie for intensive signing practice.

Although staff were hired as quickly as possible, some chidlren (both centerbased and neighborhood) missed segments of their speech therapy block time. This missing of therapies prompted a few parents to inquire about the possibility of returning their children to centerbased instruction in order to obtain speech or occupational therapy services. These requests were denied. In a similar vein, the agency decided to drain its large centerbased swimming pool in order to force staff and parents to find (and if needed to adapt) local resources in their own neighborhoods. This latter move which was the moral equivalent of "burning your ships in the harbor" was not without its critics but exemplified the agency's commitment to serving children within their own community. The loss of the speech therapist was mitigated somewhat by the use of the Hawaii computer printouts which listed for parents their children's current level of functioning within the area of speech and language and listed in detail some developmentally appropriate home activities that the parents could implement.

Since the computer generated help goals were made part of the child's individual educational plan (IEP) the parent could bring their report on their own child's progress to the annual case conference meeting and thus

serve as a fully functioning team member with needed input into next year's programming goals.

From January through mid June of 1988, the writer held team meetings, assessed the efficacy of the block system, scheduled therapies, and made onsite consultation visits to gather feedback and make necessary suggestions and program adjustments. Extensive pre and post testing surveys were sent out. collected, and analyzed in order to measure teacher and parental attitudes, frequency of classroom interactions between handicapped and non handicapped children, and to note any social or cognitive gains acquired by the children as a result of the practicum project.

The transdisciplinary team was formed during the assessment/screening phase of the practicum that met once a week (informal meetings were ongoing) in order to review and coordinate various treatment strategies and make necessary adjustments to the child's IEP or program placement. It was found that these meetings were more productive if they were held in the morning before the staff dispersed to the various community sites rather than in the evening as originally planned. Adjustments to schedules were more easily made at the beginning than at the end of the workday. The neighborhood coordinators also found these meetings beneficial in seeking assistance for filling out many of the

logistical and fiscal forms required of them. In addition, staff brainstorming helped the neighborhood workers discover additional resources to benefit their families such as ways of getting Medicaid to pay for special transportation and free health services at the local clinics. Given the writer's expertise in the field of school psychology, he was often called on to interpret (and on occasion to administer) psychological tests pertaining to the children in our program. This expertise was especially useful in interpreting reports from other agencies.

Finally the writer served as secretary of the weekly transdisciplinary meeting and took minutes to disperse among all the participants. He also served as a conduit for delivering messages and coordinating schedules between the centerbased staff and the field based neighborhood workers.

CHAPTER V

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

It was felt that severely handicapped preschool aged children could be successfully integrated into community based programming if they were supplied with adequate supportive services. In addition, it was hoped that attitudes and stereotypical thinking displayed by some professionals and parents would change and become more supportive of the agency's efforts at integration as they became acclimated to the integration program. Review of the current literature pertaining to integration and pre practicum baseline testing suggested that these changes would be reflected in attitudinal surveys and rating scales.

Results:

Preceding and following the implementation phase of the practicum various screening devices, attitudinal surveys, rating scales, and statistical procedures were designed and employed to ascertain if children were benefitting from their neighborhood placements and if certain segments of the community were becoming more accepting of the integration process as an alternative to a segregated centerbase preschool curriculum.

In attempting to compare results from the different program options and models offered at the practicum

agency and within the various preschool programs found in the community, it quickly became apparent to the writer that some basic assumptions inherent within standard statistical design (i.e., "homogeneous populations," "equal sample size," "uniformity of curriculum") coupled to a lack of control of certain key variables such as various intellectual levels of the children chosen for placement, teacher qualifications, and quality of neighborhood program, would stand as significant barriers to definitely answering many questions hoped to be answered by the practicum experience. Matching children on the variables that needed to be controlled and then randomly assigning them to selected community placements would make a better research design but would pose ethical questions that simply could not be ignored or tolerated by the writer. Therefore, the writer made no attempt to control for such variables as severity of handicap or quality of community program and instead opted to attempt to measure what progress (if any) was occurring within the neighborhood integration project. The wrtier assumed that any progresss noted was due in some measure to the support services offered those children as outlined in the practicum design. In a field type situation, one has to assume that the children in the various neighborhood sites were receiving "similar or comparable instruction" and to ignore the more obvious

fact that the more severely handicapped children tended to stay in centerbased programs while the lesser handicapped, more adaptable and medically stable children, tended to enter into community placements with a greater natural ability facilitated the integration process and demonstrated greater rates of growth on psychometric survey instruments. Given the reality of field based research, the following discussion of results is an attempt to ascertain if the objectives outlined earlier in this report had been met and if so to what degree?

The general goal of maintaining severely handicapped children in the community by supplying them with supportive services was to be met if 85% of the children placed initially at the beginning of the practicum were still in attendance at the conclusion of the practicum. A review of the program census data supplied by the director of the Early Childhood Program indicates that in January, 67 children were active in the neighborhood program on a full time basis. At the close of May 1988, 59 of those children remained in attendance in a community based program. This suggests an 88% maintenance record which exceeds the 85% goal set as the criterion for success.

Further evidence for the general success of the program is noted in Table V. By the end of the practicum, those children placed in full time neighborhood programs demonstrated across the board gains in all areas surveyed by the LAP and the Hawaii Developmental Profile. The average (mean) gain for the children placed in the neighborhood program was 8.2 months compared to a 3.8 month gain recorded for centerbased children. More to the point of the integration project was that the greatest gains (an average of ten months) was noted in the socialization scale rating for the neighborhood placements. Lesser but still impressive gains were noted for those children placed in the community on a part time basis (eight months) with the centerbased children progressing an average of four months.

The second behavioral objective, a fifty percent (50%) attitudinal shift in favor of integration among parents and staff proved more nebulous and less clear cut. This was due in part to the limited number of post practicum surveys returned (N's of 25 and 14) and the fact that both group of parents and staff were generally optimistic about future improvement in their children's overall social skills regardless of the type of placement. A positive shift of fifty percent was noted, however, in item #6 for parents with children enrolled

TABLE V

Post Practicum Results of LAP/

Hawaii Early Learning Profile

(School Year 1987-1988)

Full Time Neighborhood Program: (N = 70)

Average (X) Total Gain* (Months)	GM	FM	Cog.	Soc.	S.H.
	+9	+8	+7	+10	+7

Part Time Neighborhood Program: (N = 7)

Average (X) Gain* (Months)	GM	FM	Cog.	Soc.	S.H.
	+8	+6	+4	+8	+8

Full Time Centerbased P)rogram: (N = 40)

Average (X) Gain* (Months)	GM	FM	Cog.	Soc.	S.H.
	+4	+4	+3	_4	_4

*GM = Gross Motor
FM = Fine Motor
Cog. = Cognitive
Soc. = Socialization
S.H. = Self Help

in a segregated centerbased program. Item 6 asked parents if they felt their child had formed a friendship with other preschool children in the classroom. Over half the parents answered this question in the affirmative.

Significant positive shifts were also noted among parents of neighborhood placed children who felt that their children by the end of the school year were not only making friends but were receiving the necessary support services to continue within a community based program (Items #6 and #11). These parents also reported that the neighborhood teachers were giving significant attention and/or instruction to their handicapped children (Item #12). Judging from the comments attached to their survey reports, it appears quite likely that those survey items would have reached the fifty percentile criterion level except for the restricted range of the rating scale (1 to 5).

The third and final behavioral objective was for the children placed in neighborhood programs to experience a significant (i.e., twenty percent or one rating point) increase in their interactions with other children, teachers, or classroom environment. As noted in Table XI, XII, and XIII, this occurred in all three areas of integration surveyed by the revised index of integrative behavior.

TABLE VI

Pre and Post Practicum Mean (X) Ratings of

Parental Attitudes (Centerbased Program)

Item No:	1	2	3	4	5	6	7	8
Pre Practicum (N = 40)	3.5	3.0	2.5	3.0	4.0	2.0	2.5	4.0
Post Practicum (N - 25)	3.0	2.0	3.5	3.5	4.5	4.0	4.0	4.0

Rating Code: 1 = never feel this way
2 = rarely feel this way
3 = occasionally feel this way
4 = most of the time feel this way
5 = always feel this way

TABLE VII

Pre and Post Practicum Mean (X) Ratings of

Parental Attitudes (Neighborhood Program)

Item No:	1	2	3	4	5	6	7	8	9	10	11	12
Pre Practicum (N = 40)	4.0	4.7	3.0	3.5	4.7	3.8	3.8	4.7	4.0	3.0	2.0	3.0
Post Practicum (N = 25)	4.5	4.0	4.0	3.5	4.0	4.0	4.5	4.5	4.0	4.0	3.0	4.0

Rating Code: 1 = never feel this way
2 - rarely feel this way
3 = occasionally feel this way
4 = most of the time feel this way
5 = always feel this way

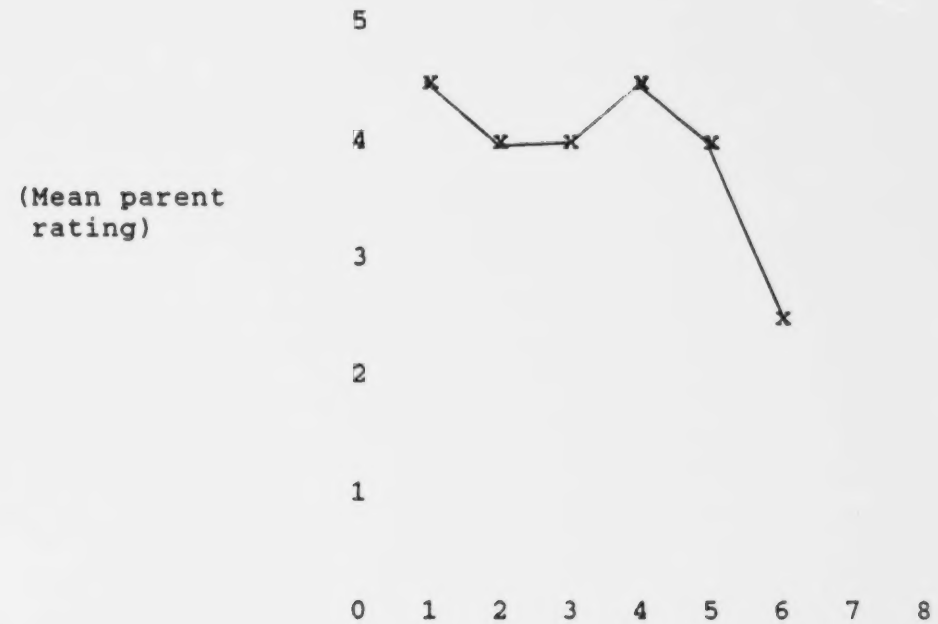
Within the area of interaction with other children, criterion (twenty-two percent gain) was met on Item #1 which called for the child to stand or sit in close physical proximity to a non handicapped peer when the classroom structure did not dictate such placement. The decrease in the observations pertaining to age appropriate parallel play may be due in part to the fact that a large majority of all children "outgrew" parallel play by the end of the school year and as a whole they participated more in reciprocal or interactive play experiences. Those children still engaging in parallel play tended to be the more profoundly retarded and more multiply handicapped children.

Within the area of interaction with teachers/adults (Table XIII), a significant increase (twenty percent) is noted in the average neighborhood placed child's ability to attend to teacher instruction and listen quietly at appropriate times. This coincides with a post practicum decrease in the number of inventations required of a classroom teacher in order to encourage the handicapped child to interact with others. On a more negative note, as reflected by Item #5 on Table XIII, there also appears to be more inconsistency on the part of teachers in addressing the behavioral difficulties displayed by handicapped children.

Table VIII

Pre Practicum Ratings of Attitudes
Held by Neighborhood Teachers

(N = 14)



Rating Code:

1= never feel this way

2= rarely feel this way

3= ocassionally feel this way

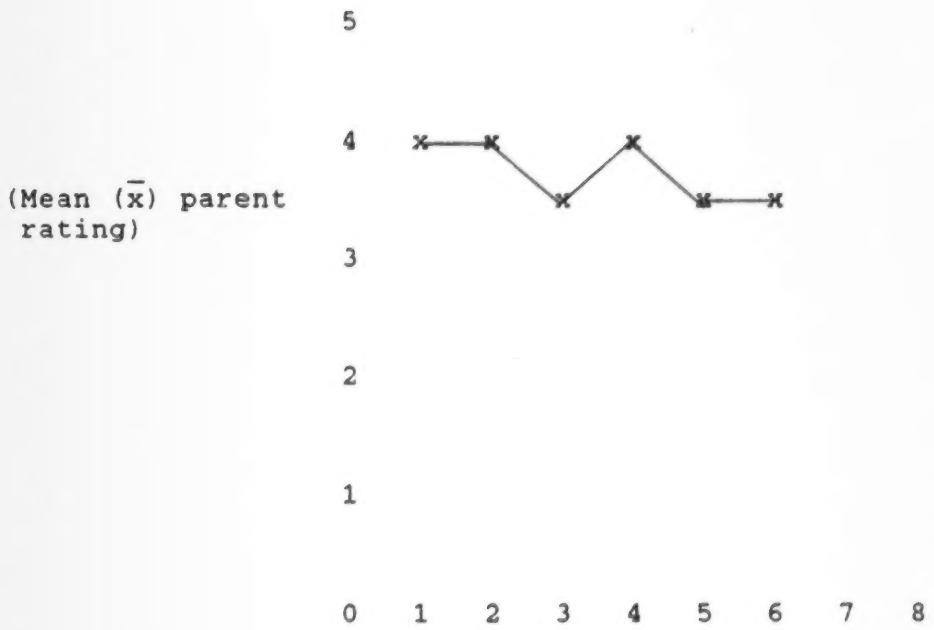
4= most of the time, feel this way

5= always feel this way

Table IX

Post Practicum Ratings of Attitudes
Held by Neighborhood Teachers

(N = 30)



Rating Code:

1= never feel this way

2= rarely feel this way

3= ocassionally feel this way

4= most of the time, feel this way

5= always feel this way

TABLE X

Pre and Post Practicum Results of Interaction with Other Children Based Upon Responses from Index of Integrative Behavior-Revised (N = 40)

Rating Scale Item:	Mean (X) Percentage of Observation	
	Pre Practicum	Post Practicum
1. Child is observed standing and/or sitting in close physical proximity to other students, when classroom activity or structure does not demand such placement.	60	82
2. Child is observed in age appropriate parallel play with other students.	60	50
3. Child is observed being invited to participate by at least one (1) other student during free time activity.	48	50
4. If invited to participate, other children communicate acceptance by making room for the child, smiling, and/or other positive gestures.	48	52
5. The child is observed initiating positive active contact with another child (physical or verbal).	64	60
6. The child is observed initiating a disproportionate amount of negative interactions with peers (eg. taking toys, biting, hitting, etc.).	24	36
7. Another child voluntarily selects a seat next to the child being observed.	70	64

Table XI
Index of Integrative Behavior - Revised
Pre Practicum Ratings - Interaction with
Non-handicapped Peers

(N = 40)

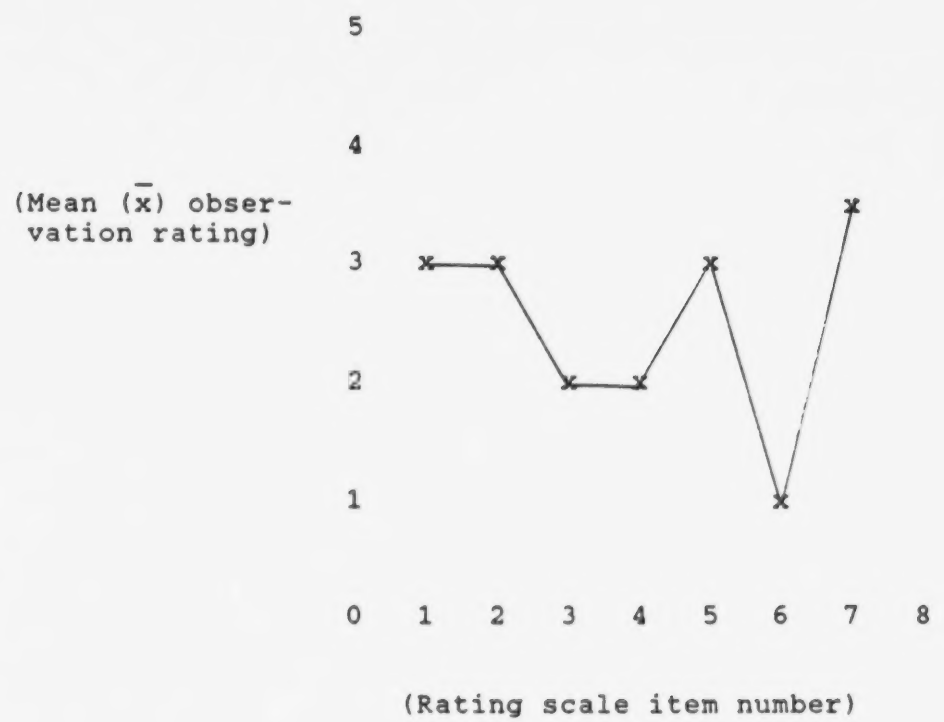


Table XII
Index of Integrative Behavior - Revised
Post Practicum Ratings - Interaction with
Non-handicapped Peers

(N = 40)

TABLE XIII

Pre and Post Practicum Results of Interactions with Teachers/ Adults Based Upon Responses from Index of Integrative Behaviors-Revised (N = 40)

Rating Scale Item:	Mean (X) Percentage of Recorded Observation	
	Pre Practicum	Post Practicum
1. Teacher is observed actively involving child to participate in classroom activity.	90	54
2. When invited to participate in classroom, child responds positively.	82	66
3. Teacher is observed appropriately redirecting child to task.	84	70
4. Teacher is observed giving child positive reinforcement for child's attempt at classroom participation.	60	72
5. Target child is observed engaging in inappropriate bheavior which is handled in a manner consistent with his or her handling of other students in class.	58	44
6. Child is observed engaging in "clinging" types of behaviors with teacher or other adults.	26	20
7. During story time and/or instructional time, the child is observed actively attending to teacher and listening quietly.	30	50

TABLE XIV

Pre and Post Practicum Analysis of Instruction and Environment Based Upon Responses from Index of Integrative Behavior-Revised (N = 40)

Rating Scale Item:	Average (X) Percentage of Observation	
	Pre Practicum	Post Practicum
1. Child looks at toys and other objects in room.	80	78
2. Child responds to sounds in the room (i.e., localizes to sound).	86	82
3. Child reaches for and touches objects in room.	86	82
4. Child imitates movement with a toy or motor activity.	78	84
5. Child responds to his or her name.	86	80
6. Child responds to directions (verbal or non verbal).	66	68
7. Assistance is provided to child because of the lay out of the physical environment (i.e., coat racks, cubbies, playground, etc.).	58	70
8. Teaching materials and equipment are adapted to child's needs.	66	72
9. Play and classroom activities are modified so child can participate.	46	66
10. The out of classroom structure and routine during the observation period was sufficient for the child to participate.	60	78
11. Observable groupings within the classroom and preschool are randomly/spontaneously found.	50	62

In the area of interaction with the environment, the majority of pre and post practicum ratings appear rather stable with little change noted over time. This may be due to the quality of the pre selection visits by the multidisciplinary team prior to the child's placement and the fact that those community agencies volunteering to accept severely handicapped children adequatley prepared their facilities prior to the child's initial enrollment. Still by the end of the practicum, a significant increase was observed in the number of classroom activities that occurred in the community settings which were modified to allow participation by the severely handicapped student. It should be noted that Item #10 which dealt with the amount of classroom structure offered to the handicapped child approach (eighteen percent) but did not reach significance although the direction of change was quite positive. No significant decreases or behavioral shifts are noted on any of the remaining items.

Conclusions:

Based upon the presented data, it would appear that the attempt to integrate severely handicapped preschool aged children into a number of pre existing community based programs was at least partially successful. The goal of maintaining an 85% enrollment rate was reached through the provision of supportive services. The average developmental gain of ten months for full time

neighborhood children, compared to eight months for part time and four months for centerbased children is another positive indicator of success, especially when coupled with attitudinal shift of 50% among parents who felt that their children were able to make friends with peers in both programs. Similar positive results were noted in parents (neighborhood) feelings towards the adequacy of support services supplied to their children and the amount of time given to their children by the neighborhood teachers.

These findings appear even more remarkable given the high amount of staff turnover (three speech pathologists, one physical therapist, and one adaptive physical education instructor) which occurred in the middle of the implementation period.

It should also be noted that many of the neighborhood and preschool and daycare centers had little or no previous experience with or exposure to severely handicapped children and were totally dependent on the practicum agency staff for guidance and support.

It appears from the limited data obtained over the implementation period, that severely handicapped children do interact with their non handicapped peers and experience developmental gains when placed in community settings with adequate supportive services. Their attention span increases and they tend to model after

their non handicapped peers rather than vice versa. Although teachers in community settings tend to treat handicapped children differently (overly deferring to their handicapped) when dealing with discipline problems. They also appear very willing to modify both curriculum and the physical layout of their classroom to foster the participation and social interaction of the children placed in their program.

Finally, although some children appear to benefit from the integration process more than others, there was no recorded instances of parents or staff indicating that a child experienced negative consequences from his placement with non handicapped peers.

Recommendations:

1. The neighborhood integration project should continue for at least another year to observe if the noted positive trends in the area of increased social interaction and parent/teacher support continue. The current plans call for the placement of 130 children in the community for the coming school year. These efforts should be supported.
2. Periodic "refresher" inservices need to be held for community placement sites due to the high staff turnover rate within the field of early childhood education. New staff at many of the selected pre-school sites were not always trained by their

predecessors and were sometimes unaware of the philosophy and goals of the neighborhood project.

3. Parents of handicapped children should be encouraged as occasional "volunteers" in their child's preschool or daycare center.
4. It is recommended that there be an increase in the number of speech therapists and occupational therapists assigned to the neighborhood project in order to minimize the "staff burnout" effect. New staff should be interviewed as to their "flexibility" to adjust to an interactive/ supportive model of service delivery as opposed to the more traditional "pullout" paradigm.
5. Consideration should be given to the possibility of implementing a reverse mainstreaming programming for those children with handicap conditions so severe that they cannot receive medical clearance for community placement. Perhaps the community could come to them via a classroom of "non handicapped" same age school children located within a centerbased program.
6. It is recommended that data be kept upon groups of preschoolers matched by age and cognitive functioning level. Although it is widely assumed and tentatively supported by the data garnered in the practicum that integration is the best practice

model for all children, continued research may indicate that integration works better for some handicapping conditions than others. Which type of program (i.e., full day versus part time placement) is most effective with which poplation group may be of benefit to future planners.

7. Finally, we need to answer the question through further research and study that asks if there is any handicapping condition in which integration into the mainstream of society has a negative impact and would be counterindicated.

Dissemination:

1. An article describing the neighborhood project and its results will appear in The Courier and two other publications sent to parents and advocates of the mentally handicapped.
2. The writer has volunteered to present his practicum findings at the NAEYC conference to be held in California.
3. The writer will testify before appropriate state legislative conference committees as to the feasibility and efficacy of neighborhood integration. This testimony will come as the state

legislature considers changes needed to bring the state's special education law into compliance with Public Law 99-457.

4. The writer will present findings at various professional conferences during the coming year.
5. The Index of Integrative Behavior-Revised will be copywrited by the practicum site agency and given to the state department of mental health for use in evaluating similar program designs throughout the state.

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APPENDIX A

ATTITUDINAL SURVEY

NOBLE CENTERS, INC.
2400 North Tibbs Avenue
Indianapolis, Indiana 46222

May, 1, 1988

Dear Parent/Guardian:

Enclosed is a questionnaire designed to find out your feelings about your childs pre-school program and to help us serve you better. Your taking the time to fill it out and send it back to us will provide us with valuable feedback information and help us with ongoing research and program design.

Please note that questions 9 to 12 pertain only to parents who have children involved in a Community Pre-school Program. Please send your completed survey to the following address:

Ronald A. Branca, Ed.S.
Early Childhood Consultant
Noble Centers
2400 North Tibbs Avenue
Indianapolis, Indiana 46227

NOBLE CENTERS, INC.

ATTITUDINAL SURVEY

This questionnaire is designed to find out your feelings about your child's preschool program. Results of this survey will help us to better understand the needs of you and your child and will identify for us areas which may need our attention to serve you and your child better. Since children are in a variety of programs, it is important that you let us know which program you are referring to. If your child's part-time at Noble and part-time community, please note which specific program you are addressing in the comments section. Answer each item carefully by placing a number beside each question as follows.

5 = All the time, I feel this way

4 = Most of the time, I feel this way

3 = Some of the time, I feel this way (no strong feeling either way)

2 = Rarely, do I feel this way

1 = I never feel this way

Name_____ Date of Birth_____ Sex_____

School:_____ Date_____

Program Status:

Noble Centerbased Program_____ Neighborhood Program_____

½ Centerbased and ½ Neighborhood_____

_____1. Do you feel your child's current preschool program is/will likely to improve his/her behavior/social skills?
Comments:_____

_____2. Do you feel your child's preschool is helping to develop independence in self-help skills such as dressing, eating, toileting?
Comments:_____

_____3. Do you feel your child's current preschool provides chances to participate in a variety of activities? (field trips, arts and crafts, computer, music, etc.)
Comments:_____

_____4. Do you feel your child's preschool provides you as a parent opportunities to form relationships with parents of other children who attend that school?
Comments:_____

_____5. Do you feel that your child is likely to be included in all activities within the preschool?
Comments:_____

_____6. Do you feel your child has formed relationships/friendships with the other children in his school?
Comments:_____

_____7. As a parent, I feel that I am a valued part of my child's school program and what I have to say is important?
Comments:_____

_____8. I feel that my child's teacher conveys (both verbally and in his/her actions) acceptance of my child as a unique individual?
Comments:_____

Child's Name_____ Date:_____

This part of the survey is to be filled out by parents/care givers of children involved in a community preschool program (regardless of the amount of time spent in that program). Answer each question, as you did with the previous page using the five point scale.

_____9. Do you feel that your child's attendance in the community preschool helps other children promote acceptance of people with handicaps by the community in general?
Comments:_____

____10. Do you feel that the other children are learing positive and important values about children with handicaps?
Comments:_____

____11. In the neighborhood setting, do you feel your child is receiving the necessary support services (speech, OT, PT, Noble teacher as consultant)?
Comments:_____

____12. Do you feel that the preschool teacher gives your child sufficient attention and/or instruction?
Comments:_____

APPENDIX B

INDEX OF INTEGRATIVE BEHAVIOR

NOBLE CENTERS, INC.

Index of Integrative Behavior

This questionnaire is designed to measure the amount of appropriate interaction observed at a community based program/work site or centerbased program. It is not a test so there are no right or wrong answers. The purpose of this observational tool is to measure the amount of interaction between an adult and his peers, the adult and his instructor/supervisor and the adult and his environment. This tool is to be fully completed following each site visit for five (5) initial consecutive visits and five (5) consecutive visits at the end of the program/worksite.

SCORING PROCEDURES: Please answer each item in the following manner: If the behavior is not observed the score is zero (0). The person is scored one (1) if the specific interaction is noted. For each visit a complete Index form is filled out and dated. All five (5) Index forms will be turned in to Dx and Support Services for the initial and ending observational periods. Scores will be compiled for each item on the index with a comparison of pre and post test results to identify and measure results of intervention strategies.

Name:_____ DOB:_____ Sex:_____

School:_____ Type of Disability:_____

Observer:_____ Date & Time of Visit:_____

I. INTERACTION WITH PEERS/ADULTS:

____1. Individual is observed standing and/or sitting in close physical proximity to other adults (when interaction is not required as part of the activity. i.e. lunch time, break time).

____2. Individual is observed in age appropriate functional vocational activities throughout the program workday.

____3. Individual is participating/socializing with at least one other person.

____4. Individual is observed initiating positive active contact with another adult. (either physical or verbal)

____5. The individual is observed initiating a disproportionate amount of negative interactions with peers. (e.g. taking items, taunting, throwing items, hitting, etc.)

____6. Another adult voluntarily selects a seat next to the adult being observed.

II. INTERACTIONS WITH INSTRUCTORS/SUPERVISORS:

____1. Instructors/Supervisors are observed actively inviting individual to participate in program/work activity.

____2. When invited to participate in an activity, individual responds positively.

___ 3. Instructor/Supervisor is observed appropriately re-directing individual to task.

___ 4. Instructor/Supervisor is observed giving individual positive reinforcement for individual's attempt in an activity.

___ 5. Individual is observed engaging in inappropriate behavior which is handled by the Instructor/Supervisor in a manner consistant with his or her handling of the other people participating.

___ 6. Individual is observed interacting with Instructor/Supervisor only.

___ 7. During training/worktime the individual is observed actively attending to instructor/supervisor and listening quietly.

III. INTERACTIONS WITH ENVIRONMENT:

___ 1. Assistance is provided for the individual because of the lay out of the physical environment. (e.g. lockers, lunchroom, bathroom, break area, work area, etc.)

___ 2. Training materials and supplies are adapted to the individual's needs.

___ 3. Equipment/tools in the work area have been adapted to meet the individual's needs.

___ 4. Directions/rules and protocol is adapted to meet the needs of individual.

___ 5. Recreation/leisure activities are modified so the individual can participate with others.

___ 6. The amount of program/work structure and routine during the observation period is sufficient for the individual to participate.

___ 7. Observable groupings within the setting are randomly formed.

___ 8. Work performed is typical of work done by co-workers.

___ 9. Environment is arranged so that total access to all activities is available.

COMMENTS: (Please state in behavioral terms)

APPENDIX C

INDEX OF INTEGRATIVE BEHAVIOR-REVISED

Index of Integrative Behavior - Revised

This questionnaire is designed to measure the amount of appropriate interaction observed at a neighborhood / center based preschool. It is not a test so there are no right or wrong answers. The purpose of this observational tool is to measure the amount of interaction between a child and his peers, the child and his teacher, and the child and his environment. This tool is to be fully completed following five (5) initial site visits at the beginning of the school year and five (5) consecutive visits during the last month of the school year.

SCORING PROCEDURES; Please answer each item in the following manner: If the behavior is not observed during a single visit to the classroom the score for that day will be zero(0). If the behavior is observed during the days visit, the score will be one(1) regardless of the frequency of occurrence for that visit. The observer will keep a tally of the scores throughout the five visits. At the end of the five site visits, the index will be completed by the observer from the compiled data. For instance; If a child is observed in engaging in age appropriate parallel play with other students, on three of the five visits the child's score on that item will be three. In the same manner five of five days would be a five, etc. A comparison of pre and post test results to identify and measure the results of our integration efforts will be completed for each item on the index, by the E.C.P. Consultant.

Name:_____ DOB:_____ Sex:___

School:_____ Type of Disability:_____

Observer:_____ Dates & Times of Visits:____

Child's Program: Full Time___ Part Time___ (explain)

Child's Placement: Neighborhood___ Noble Center___
Other___ (explain)_____

Date

I. INTERACTION WITH CHILDREN:

___ 1. Child is observed standing and/or sitting in close physical proximity to other students, when classroom activity or structure does not demand such placement.

___ 2. Child is observed in age appropriate parallel play with other students.

___ 3. Child is observed being invited to participate by at least one (1) other student during free time activity.

___ 4. If invited to participate, other children communicate acceptance by making room for the child, smiling, and / or other positive physical gestures.

___ 5. The child is observed initiating positive active contact with another child. (either physical or verbal)

___ 6. The child is observed initiating a disproportionate amount of negative interactions with peers.(eg. taking toys, biting, taunting, hitting etc.)

___ 7. Another child voluntarily selects a seat next to the child being observed. (eg. Scored when seating is not assigned by teacher)

II. INTERACTIONS WITH TEACHER/ADULTS:

___ 1. Teacher is observed actively inviting child to participate in classroom activity..

___ 2. When invited to participate in classroom, child responds positively.

___ 3. Teacher is observed appropriately re-directing child to task.

___ 4. Teacher is observed giving child positive reinforcement for child's attempt at classroom participation.

___ 5. Child is observed engaging in inappropriate behavior which is handled in a manner consistent with his or her handling of the other students in the class.

___ 6. Child is observed engaging in "clinging" type behaviors with teacher/adults.

___ 7. During "story time" and / or instructional time the child is observed actively attending to teacher and listening quietly.

III. INTERACTIONS WITH ENVIRONMENT:

___ 1. Child looks at toys and other objects in the room,(i.e. shifts gaze.)

___ 2. Child responds to sounds in the room, (i.e. localizes to sound.)

___ 3. Child reaches for and touches objects in classroom.

___ 4. Child imitates movement with a toy or motor activity.

___ 5. Child responds to his or her name.

___ 6. Child responds to directions.

___ 7. Assistance is provided to child because of the lay out of the physical environment, (i.e. coat racks, "cubbies", bathrooms, playground, etc.)

___ 8. Teaching materials, supplies, and equipment are adapted to child's needs.

___ 9. Play and classroom activities are modified so child can participate.

___ 10. The amount of classroom structure and routine during the observation period was sufficient for the child to participate.

__ 11. Observable groupings within the classroom and preschool are randomly/spontaneously formed.

COMMENTS:(Please state in behavioral terms)

_____

_____

_____

Please send completed forms to Ron Branca/ D&SS.

APPENDIX D

COMMUNITY PERSONNEL ATTITUDE SURVEY FOR CHILDREN IN NEIGHBORHOOD PROGRAMS

Position of Person being interviewed:_____

Child's Name:_____

Date:_____ 95

Program Site:_____ NOBLE CENTERS, INC.

COMMUNITY PERSONNEL ATTITUDINAL SURVEY
For Children in Neighborhood Programs

This attitudinal survey is designed to find out your perception of Noble Center's progress in the community. Results of this survey will assist us to better identify the needs of the community and the people we serve. Answer each item by placing a number beside each question as follows:

5 = All the time
4 = Most of the time
3 = Some of the time
2 = Rarely
1 = Never

_____1. Child is accepted as a group member during recreation, learning activities.
Comments:

_____2. Child has shown progress in developing independence in areas such as self help, social interaction, and communication.
Comments:

_____3. Interaction with people in the community is ongoing, spontaneous, and typical.
Comments:

_____4. The variety of activities offered to the child increases participation.
Comments:

_____5. Contacts with this child and family increases my and my facility's awareness and understanding of all types of people.
Comments:

_____6. Do you feel the child is receiving the necessary support services (speech, O.T., P.T., social services, Noble teacher as consultant, etc.) to stay in your program?
Comments:

APPENDIX E

PERSONNEL ATTITUDINAL SURVEY FOR CHILDREN IN CENTERBASED PROGRAMS

Position of Person being interviewed: _____

Child's Name: _____

Date: _____ 97

Part-time_____ Full-time_____

NOBLE CENTERS, INC.

PERSONNEL ATTITUDINAL SURVEY
For Children in Center Based Programs

This attitudinal survey is designed to find out your perception of Noble Center's progress in the community. Results of this survey will assist us to better identify the needs of the community and the people we serve. Answer each item by placing a number beside each questions as follows:

5 = All the time
4 = Most of the time
3 = Some of the time
2 = Rarely
1 = Never

_____1. Child is accepted as a group member during recreation, learning activities.
Comments:

_____2. Child has shown progress in developing independence in areas such as self help, social interaction, and communication.
Comments:

_____3. Interaction with people in the Center Base Pre-school is ongoing, spontaneous, and typical.
Comments:

_____4. The variety of activities offered to the child increases participation.
Comments:

_____5. Contacts with this child and family increases my and the Center staff awareness and understanding of all types of people.
Comments:

_____6. Do you feel the child is receiving the necessary support services (speech, O.T., P.T., social services, Noble teacher as consultant, etc.) to stay in your program?
Comments: